State of Nebraska
Department of Health and Human Services
Division of Medicaid and Long-Term Care

Heritage Health Managed Care Organization Performance Improvement Project – Potential Topics and Recommendation

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Background and Considerations

Centers for Medicare and Medicaid Services (CMS) Medicaid and CHIP Managed Care Final Rule advises that topics selected by states for managed care organization (MCO) performance improvement projects (PIPs) should:

- focus on clinical and non-clinical services delivered by the MCO with opportunity for improvement,
- focus on high-volume or high-risk conditions of the population served, and
- reflect MCO enrollee characteristics, such as:
  - demographics,
  - prevalence of disease, and
  - potential consequences of the condition to significantly impact health, functional status, satisfaction

Considerations for selecting a topic include:

- alignment with strategic priorities of the state,
- consistency with demographic and epidemiologic information of enrollees,
- gap between current status and goal,
- disparities,
- MCOs' capacity to improve their status,
- engagement of key partners, and
- available data.

In order to align with Nebraska's strategic priorities, the following goals and objectives put forth in the Heritage Health Quality Strategy should be considered in selecting a PIP topic.

- *Integration* of physical health benefits and behavioral health benefits into a single health plan:
  - facilitates addressing health care needs of the whole person,
  - allows for *early identification of and intervention for members at risk*, and
  - allows for the availability of physical health, behavioral health and pharmacy data to MCOs.
- Addressing needs of the whole person and providing *evidence-based* options for early intervention and community-based care should lead to *decreased reliance on emergency and inpatient levels of care.*

It is also important to consider the expectations for MCOs put forward in the request for proposals (RFPs) for Heritage Health, which include reduction of racial and ethnic health care *disparities.* Addressing disparities can be included in each proposed PIP topic.

It should be noted that there are potential limitations for 2017 PIP topics due to implementation of Heritage Health in January 2017. The degree of limitation varies by topic and available performance measures, some of which have continuous enrollment criteria, and will be dependent on the availability of historical data. Further, interventions for 2017 may be delayed due to the January 2017 implementation date for Heritage Health.

Additional Considerations

MCO PIP models include collaborative PIPs, with ongoing collaboration among MCOs and common indicators and interventions; common themed projects, with a shared topic and possibly common indicators, but MCO-developed interventions and objectives; and individual topics identified by MCO. Since plans must have a rationale for implementing PIPs for their enrolled population, incorporation of some flexibility is desirable to allow MCOs to tailor interventions to their identified MCO-specific barriers.

General observed drivers of successful models are:

- MCO input on topic selection to promote buy-in,
- focused project with limited core indicators,
- alignment with state initiatives, and
- collaboration with stakeholders.

Potential Heritage Health Performance Improvement Project Topic 1: Optimizing Prenatal and Postpartum Care

There are many prevalent actionable risks among Medicaid-enrolled women, and disparities in birth outcomes persist. There is strong evidence for the efficacy of interventions for common risks for adverse birth outcomes, and care management can facilitate the implementation of these interventions. If this PIP topic is selected, the scope should be narrowed to specific risk areas in order to focus MCO improvement efforts. Priority risk areas include behavioral health risks (i.e., alcohol and drug use) and 17-alpha-hydroxyprogesterone for women with a history of prior preterm birth. Disparities should also be addressed in the PIP.

A. Heritage Health Priority Addressed

- Early identification of risks and early intervention for members at risk
- Integration of physical health and behavioral health

B. Rationale: Enrollee Characteristics/Care Gaps/Disparities

- MCOs, per the RFP, are to require providers to conduct obstetrical risk assessment including tobacco, alcohol, and substance use.
- MCOs must provide case management for high-risk obstetrical patients including, but not limited to, patients with a history of prior preterm birth.
- Per Nebraska PRAMS Preterm Fact Sheet 2014:
  - Preterm birth rates are higher among low-income women in Nebraska compared to other women.
  - Racial/Ethnic disparities are reported for preterm birth in Nebraska:
    - Black, Hispanic and American Indian populations have higher rates of preterm births.
  - Nebraska women with a prior preterm birth had a recurrent preterm birth rate of 23% (three times more likely than women with a prior full-term birth).
  - Nebraska ranks 5th among Pregnancy Risk Assessment Monitoring System (PRAMS) reporting states for pregnant women drinking alcohol in the three months prior to pregnancy (64%).
  - PRAMS data demonstrates rates of tobacco smoking among pregnant women in Nebraska to be 27% in the three months prior to pregnancy and 13% during the last three months of pregnancy.
- The Nebraska PRAMS Preconception Fact Sheet 2012 reports racial/ethnic disparities in alcohol consumption and cigarette smoking before pregnancy and postpartum.
- The Nebraska Disparities Chartbook 2016 demonstrates racial/ethnic disparities in early initiation of prenatal care, adequate frequency of prenatal care, teen births and postpartum depression.
- HEDIS rates of Timely Initiation of Prenatal Care were below national mean among existing MCOs, and some existing MCOs reported suboptimal rates for postpartum care and adequate frequency of prenatal care.

C. Benefits

- Prevalence of identified risks for poor birth outcomes is reported.
- Evidence-based interventions are reported.
- Integration of physical health and behavioral health is incorporated.
- Maternal behavioral health risk assessment is a core measure in the Children's Healthcare Quality Measures core set.
- Enhanced care management is central to improvement of birth outcomes.
- The MCO RFP specifies a requirement for case management for women with prior preterm.
- Enrollment criteria for HEDIS®[1] perinatal measures could be used for the PIP population, and these criteria are limited to enrollment for 43 days prior to delivery and 56 days after delivery.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- This topic would encourage the MCOs to establish relationships with providers with whom they have contracted and to identify community resources for behavioral health risks (e.g. quit lines, drug and alcohol treatment)

D. Challenges

- Administrative claims data are reliable only for access and utilization measures, not behavioral risk assessment.
- Reliable identification of prior preterm birth may not be feasible using claims data or using the vital record prior preterm birth indicator; MCOs would need to develop registries of at-risk women.

Potential Heritage Health Performance Improvement Project Topic 2: Access to Prevention/Screening for Members with Behavioral Health Conditions

Individuals with behavioral conditions are at risk for unmet physical health needs. Care coordination could positively impact preventive care and screening for members with behavioral health conditions. If this PIP topic is selected, the scope should be narrowed to general access to preventive care with screening for tobacco use or other risks or specific screening for at-risk members, such as diabetes screening for members on antipsychotics.

A. Heritage Health Priority Addressed

- Integration of behavioral health (BH) and physical health (PH)
- Early identification of risks and early intervention for members at risk

B. Rationale: Enrollee Characteristics/Care Gaps/Disparities

- Heritage Health includes ~189,000 PH MCO and ~229,000 BH MCO enrollees (per RFP).
- Heritage Health Quality Strategy rationale cites co-occurrence of BH conditions and chronic PH conditions
- The Nebraska DHHS-DBH 2014 Behavioral Health Consumer Survey results revealed disparities in health risks for members with behavioral health conditions compared to the general population:
    - Mental health consumers reported higher rates of poor health status, diabetes and obesity, and were at higher risk for stroke.
    - Behavioral health consumers (especially members with substance use disorders [SUDs]) are more likely to smoke.
- BH MCO PIP revealed gaps in communication to primary care physicians (PCPs).
- The Nebraska Disparities Chartbook 2016 identifies racial/ethnic disparities in behavioral risks, including alcohol and smoking.

C. Benefits

- Subpopulation with demonstrated risk is targeted.
- MCO new member screening/follow-up for tobacco can be incorporated.
- Enhanced care management can be incorporated.
- Available administrative measures are:
    - Access to Preventive/Ambulatory Health Services, Well Visits, and
    - Diabetes Screening for People on Antipsychotic Medications.

D. Challenges

- Available historical data may be limited.
- Eligible population for diabetes screening measure may be limited.
- Screening and intervention for tobacco/substance use may not be reliably measured administratively.

Potential Heritage Health Performance Improvement Project Topic 3: Monitoring of Conditions Managed by Both PCPs and BH clinicians – Antidepressant Medication Monitoring and Follow-up for ADHD Medication

Some common behavioral health conditions can be managed by both PCPs and BH clinicians, and thus require coordination. If a monitoring PIP topic is selected, a single condition should be the focus, i.e. depression or attention deficit hyperactivity disorder (ADHD).

A. Heritage Health Priority Addressed

- Integration of behavioral health and physical health

B. Rationale: Enrollee Characteristics/Care Gaps/Disparities

- Depression affects a significant number of Nebraska youth and adults.
- In 2012–2013, 1 in 15 (6.7%) Nebraska residents reported a major depressive episode in the past year, as reported in the Nebraska DHHS 2015 epidemiologic profile *Substance Abuse, Mental Illness and Associated Consequences*. Nearly 1 in 24 reported thoughts of suicide in the past year.
- The Nebraska DHHS epidemiologic profile also indicates that in 2013, one in five (20%) high school students reported they felt sad or hopeless every day for two weeks in a row, and one in eight reported suicidal thoughts in the past year.
- The SAMHSA Nebraska Behavioral Health Barometer 2013 indicates that about 5,000 youths per year with major depressive disorder (MDE) annually receive treatment for this condition (48.7% of youths with MDE).
- One existing PH MCO reported rates for antidepressant medication management and follow-up of ADHD medication; both were below the national Medicaid average.

C. Benefits

- Based on episode of care (dispensing)/incorporates pharmacy data.
- Depression care impacts chronic condition outcomes.
- Enhanced care management can be incorporated.
- Available HEDIS administrative measures that are based on dispensing events:
  - Antidepressant Medication Monitoring
  - Follow-up of ADHD Medication

D. Challenges

- MCOs may have limited relationships with BH inpatient facilities/outpatient providers at the start of 2017.

Potential Heritage Health Performance Improvement Project Topic 4: Improving Care Transitions for Persons with Mental Health and Alcohol and Substance Use Disorder Conditions

Care transitions can include transition from inpatient to outpatient care, inpatient emergency care to outpatient or inpatient care for substance abuse, or other transitions between sites of care. If this PIP topic is selected, the topic should be focused to transition from inpatient to outpatient care to minimize readmission, transition from emergency care or inpatient care to alcohol and other drug dependence services, or other specific transition found to present opportunity for improvement. This will focus MCO improvement efforts, since each transition may have specific barriers to appropriate care.

A. Heritage Health Priority Addressed

- Decreased reliance on emergency and inpatient levels of care
- Early identification of risks and early intervention for members at risk

B. Rationale: Enrollee Characteristics/Care Gaps/Disparities

- The Nebraska DHHS 2015 epidemiologic profile *Substance Abuse, Mental Illness and Associated Consequences* indicates that substance use is common in Nebraska, with alcohol being the most prevalent substance reported. Compared to the overall rate in the U.S., alcohol use in Nebraska is higher than average, while most drug use shows a similar rate.
- Alcohol-impaired driving rates are high in Nebraska as reported in the DHHS epidemiologic profile.
- There appear to be racial and ethnic disparities with regard to alcohol adverse effects and treatment, such as chronic liver disease, as reported in the Nebraska DHHS epidemiologic profile.
- The BH MCO 2015 PIP results revealed opportunity for improvement for:
    - BH discharge summaries/labs sent to and communication with PCPs.
    - Improvements were seen in BH MCO enrollee readmissions and ambulatory follow-up, but, per the MCO, data were limited due to lack of PH data for follow-up.

C. Benefits

- Care coordination, such as that provided in enhanced care management, is central to successful transition to the community and ensuring treatment for members with alcohol and substance use disorders.
- Available HEDIS administrative measures are based on episodes of care:
    - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
    - Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence
    - Follow-up After Hospitalization for Mental Illness
    - Follow-up After Emergency Department Visit for Mental Illness

D. Challenges

- Opportunity for improvement and gaps in care are not clear from available data.
- MCOs may have limited relationships with BH inpatient facilities/outpatient providers at the start of 2017.

Potential Heritage Health Performance Improvement Project Topic 5: Prevention/Screening Topics with Opportunity for Improvement as per PH MCO-Reported HEDIS Measures – Child and Adult Preventive Health

If this PIP topic is selected, a specific area of focus should be selected from among those areas represented by the performance measures listed below.

A. Heritage Health Priority Addressed

- Early identification of risks and early intervention for members at risk

B. Rationale: Enrollee Characteristics/Care Gaps/Disparities

- Existing Nebraska MCOs reported rates lower than the national HEDIS Medicaid average in 2015 for the following performance measures:
  - Well-child and Adolescent Visits and Access to PCPs,
  - Adolescent BMI Screening and Counseling,
  - Breast Cancer Screening, and
  - Chlamydia Screening.
- The Nebraska Disparities Chart Book 2014 indicates racial/ethnic disparities exist for having a personal doctor and routine check-up in the past year, obesity, cancer deaths and chlamydia infection.

C. Benefits

- Available administrative HEDIS measures for most metrics
- Demonstrated care gaps in historical data

D. Challenges

- Topic should focus on one of the identified areas.
- Breast cancer screening continuous enrollment criteria may be a limitation, depending on available historical data.
- Body mass index (BMI) screening requires hybrid methodology (record review) and was the topic of a prior PIP for the MCOs in Nebraska.

IPRO Recommendation for Heritage Health Collaborative PIP Topic

IPRO recommends the topic *Optimizing Prenatal and Postpartum Care to Facilitate the Identification and Intervention for Risks for Adverse Birth Outcomes* for the Nebraska collaborative PIP.

A PIP focused on optimizing prenatal and postpartum care visits to facilitate the identification and intervention for risks for adverse birth outcomes aligns with Nebraska priorities, is relevant to a substantial portion of Medicaid managed-care–enrolled members, appears to have opportunity for improvement according to available data and is feasible for MCO implementation.

This PIP topic will address:

- a high-volume condition (pregnancy) with subsets of high-risk conditions (e.g. tobacco use, prior preterm);
- potentially two Heritage Health priority areas: a) early risk identification and intervention, and b) integration of physical and behavioral health;
- disparities and opportunities for improvement identified in Nebraska;
- episode-based conditions (pregnancy, delivery, postpartum) with limited enrollment criteria that will facilitate PIP implementation for MCOs beginning operation in 2017; and
- opportunity for establishing relationships with network providers.

Considerations for implementation should include identification of a limited set of priority prenatal risk topics, available data and specifications for risk populations, data collection burden for hybrid measures, and the collaborative model to be employed (e.g. common-theme vs. collaborative).